



PSYCHIATRIC LABELLING AND DRUGGING OF AUSTRALIAN CHILDREN: THE FACTS

There has been a dramatic increase in the psychiatric labelling and prescription of psychotropic drugs to Australian children. Parents have a right to know of all the alternatives and potential side-effects of psychotropic drugs proposed for their children so they can give fully informed consent. Yet there are many facts about these drugs, including dangerous side-effects, parents and others who are responsible for the welfare of these children are just not being told.

There are no blood tests, X-rays or other physical tests that can diagnose or determine the existence of Attention Deficit Hyperactivity Disorder (ADHD) or any learning or childhood "mental disorder." These diagnoses are based solely on opinion.

The psychiatric *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is the primary reference used in the diagnosis of ADHD and other psychiatric labels in Australia. It has no scientific basis. In 1987, American Psychiatric Association members simply "voted" on a list of behavioural symptoms, called this new "disorder" ADHD and inserted the symptoms into the DSM which Australia has since adopted. It created a false international epidemic. Our children's lives are being placed at risk by an alliance which works like this: The American Psychiatric Association invents disorders and adds them into the DSM. Drug companies then make drugs to match the new disorder and then apply to Australia's drug regulatory agency, the Therapeutic Goods Administration (TGA) for authority to use them in Australia.

ADHD & STIMULANTS

- The DSM entry for ADHD states "There are no laboratory tests, neurological assessments or attentional assessments that have been established as diagnostic in the clinical assessment of Attention Deficit/Hyperactivity Disorder."
- Ritalin, Concerta, and dexamphetamine are Schedule 8 drugs in Australia. This means they are in the same category as cocaine, opium and morphine. This category is labelled "controlled drugs" to reduce misuse and dependence.
- Side-effects linked to Ritalin reported in children to the TGA include: aggression, chest pain, heart palpitations, weight loss, psychotic disorders, and suicide attempts.
- By April 2014, the Australian TGA Adverse Drug Database reported the suicide of a 9 year old boy and the attempted suicides of an 11 year and 8 old year while taking the non-stimulant ADHD drug Strattera (an antidepressant). Other side-effects reported include agitation, weight loss, chest pains and self-harm. Strattera has the strongest warning that can be placed on any drug in Australia, a "boxed warning" to warn of the risk of suicidal thoughts and behaviour in children.
- The 2010 Raine Study, conducted by the Telethon Institute in WA, was the first long-term outcomes stimulant study in the world. Researchers found that children receiving stimulants had significantly greater diastolic blood pressure (the pressure between heart beats) than children who have never received medication. This side-effect can predispose children to the risk of heart attacks and stroke. They also found that "stimulant medication use increased the odds of below-age-level academic achievement by a factor of 10 times" which "strongly suggests that medication may not result in any long term academic gains (as rated by a classroom teacher)."
- A 2007 Oregon Health and Science University Evidence-Based Practice Centre review of 2,287 studies – virtually every study ever conducted on ADHD drugs – determined that no trials had shown the effectiveness of stimulants and that there was a lack of evidence that they could affect "academic performance, risky behaviours, social achievements, etc."
- A 2014 Australian study reported that there has been a 72.9% increase in ADHD drug prescribing between 2000 and 2011. The study revealed a staggering 388,333 prescriptions were written for methylphenidate (Concerta, Ritalin and other brands) in 2012 for children aged 3 to 14, with methylphenidate the most dispensed psychotropic to Australian children aged 3 to 14.
- After Australian and international uproar on the Australian draft ADHD Clinical Practice Points (ADHD CPPs – used by doctors, teachers, justice system etc. in diagnosis, assessment and management of ADHD) which could have seen children removed from their parents if they refused to medicate their child, the final ADHD CPPs documents now state that parents will not be forced to medicate their child. This is a useful document for parents who are being pressured to drug their child for ADHD.

ANTIDEPRESSANTS

The psychiatric theory that a "chemical imbalance" causes depression, requiring antidepressants to "balance it out" is fraudulent. As psychiatrist Dr. Ron Leifer states, "There's no biological imbalance. When people come to me and they say, 'I

have a biological imbalance,' I say, 'Show me your lab tests.' There are no lab tests. So what's the biochemical imbalance?" Faced with media exposure of this in 2005, Dr. Steven Sharfstein, then President of the American Psychiatric Association, admitted that no "clean cut lab test" exists to determine such a chemical imbalance in the brain. Parents have the right to ask for scientific evidence of the "mental disorder" their child is said to have.

- As early as December 2004 the Australian TGA warned there were indications in use by children and adolescents of the most common class of antidepressants (SSRIs) causing an increased risk of suicidality. This included suicidal ideation, suicide attempts and self-harm events. In 2005 this warning was extended to include adults and also stated anyone placed onto an SSRI antidepressant should be monitored for suicide.
- In 2010, the first ever long term study of antidepressants causing suicide in youths confirmed that while the risk of suicide is the same for all antidepressants, the risk is five times greater than for the general population. The Harvard study followed 20,906 British Columbian children aged 10 to 18 who were prescribed an antidepressant over 9 years. In the first year of antidepressant use, 266 attempted suicide and three suicided. This was about five times the rate of the general population of teens in British Columbia.
- By May 2011, documents obtained from the TGA laid out 119 adverse reactions reported for children under 10 linked to antidepressants. Reports showed these drugs have been linked to 5 deaths including 2 suicides in under 19 year olds. Other side-effects reported linked to antidepressants include: convulsions, hallucinations and heart problems.
- A 2014 Australian study revealed that antidepressant prescribing increased by 95.3% between 2000 and 2011. Despite the fact that no antidepressant has been approved for use in children under the age of 18 in Australia for depression, this study also exposed there were 358,242 antidepressant prescriptions written for 3-19 year olds, 21,652 were for children aged between 3 and 9.

ANTIPSYCHOTICS

By August 2011, there had already been 14,979 adverse reactions reported to the TGA linked to antipsychotics including 667 deaths. Of those, 1,094 involved children aged 0 to 19 years including 15 deaths. Between 2009 and 2012 there was a 45% increase in prescribing of antipsychotics to 3-9 year olds. Side effects of antipsychotics include, diabetes, drowsiness, drop of blood pressure, increased heart rate, headaches and stiffening and trembling of the muscles.

- Weight gain is a common side-effect for antipsychotics and can be severe. An Australian 13 year girl put on 45kg over a 6 month period while on Zyprexa and a 15 year old boy went from 60kg to 100 kg. He was also taking Zyprexa.

ALTERNATIVES: There is no doubt that some children who are troubled require special care. But they should be given holistic, humane care that improves their condition. A quiet and safe environment, good nutrition, rest, exercise and help with life's problems are key. Extensive medical evidence proves that underlying and undiagnosed physical illnesses can manifest as psychiatric symptoms and therefore should be addressed with the correct medical treatment, not psychiatric techniques. Studies show that once the physical condition is addressed, the mental symptoms can disappear. With proper medical treatment and real help children can lead healthier, happier lives.

WARNING: No one should stop taking any psychiatric drug without the advice and assistance of a competent medical doctor.

ACTIONS YOU CAN TAKE NOW

1. You can responsibly report any side effect of a psychiatric drug to the TGA's Australian Adverse Drug Reaction Reporting System by:
A) Phoning the Consumer Adverse Medications Events Line: 1300 134 237. **B)** Electronically, by logging onto: <http://www.ebs.tga.gov.au/ebs/ADRS/ADRSRepo.nsf?Opendatabase> and filling out a report. **C)** Ask your doctor or pharmacist who can make the report for you. This can force an investigation into the drug. Please also report the same effects to CCHR at: www.cchr.org.au

2. Broadly distribute this fact sheet and its companion the *Alternatives to Psychiatric Drugs for Children* fact sheet to other

parents, teachers, educators and those who you feel should have this information.

CCHR International: www.cchr.org

CCHR National Office: 02 9964 9844 national@cchr.org.au
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Please log onto cchr.org.au to see the references for the above information

CCHR was established by the Church of Scientology and Professor of Psychiatry Dr Thomas Szasz in 1969 with the sole purpose of investigating and exposing psychiatric violations of human rights.